

FIG. 1

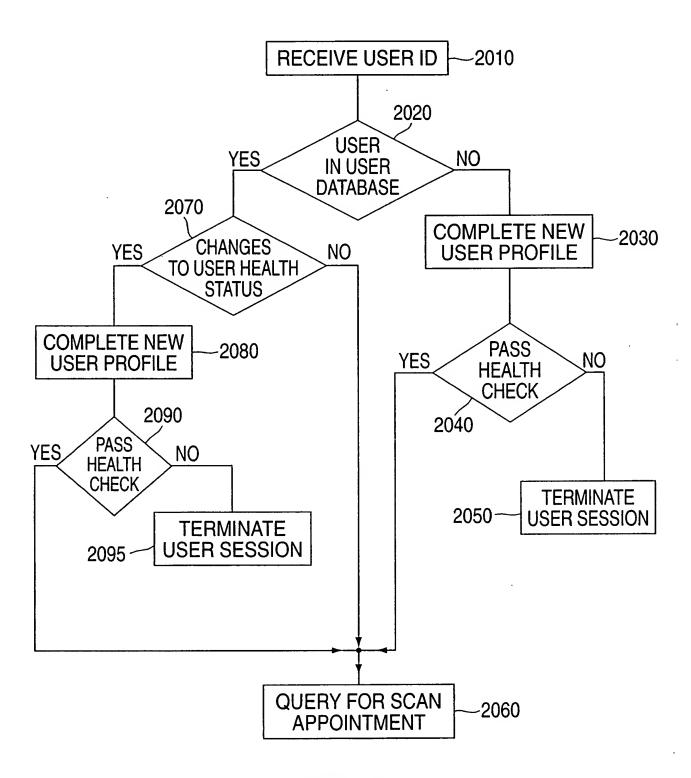
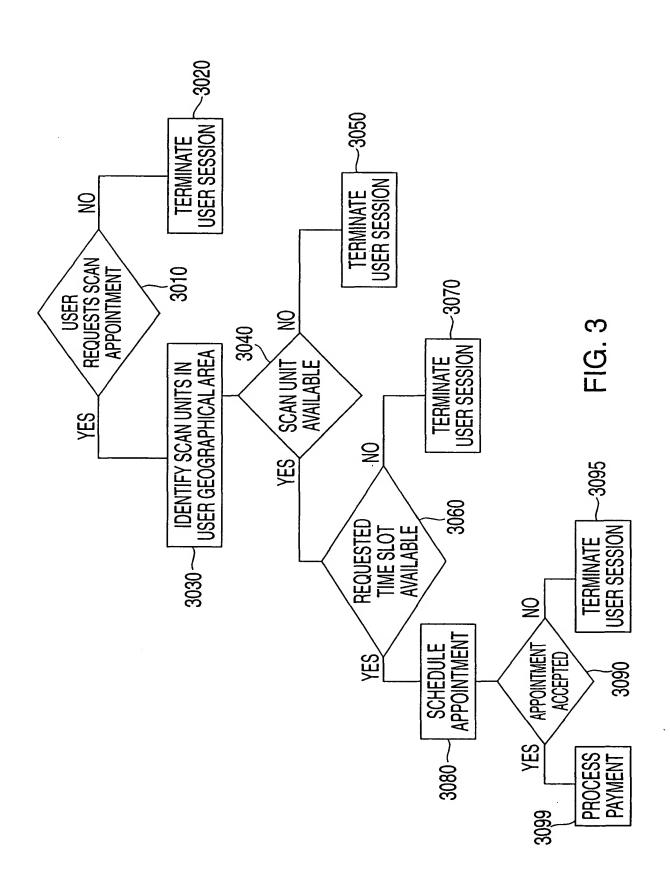


FIG. 2



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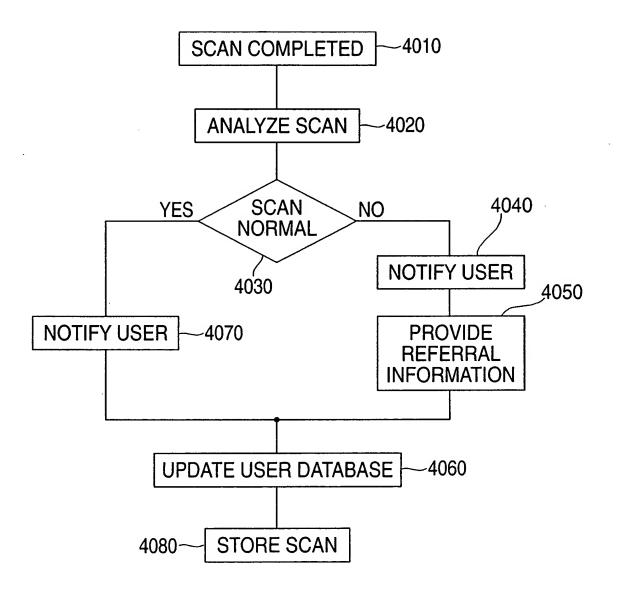
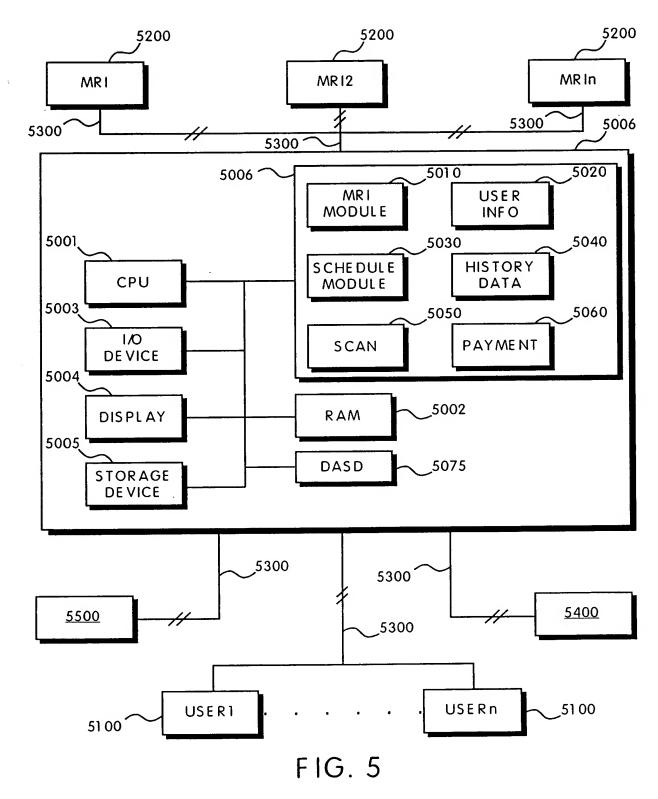


FIG. 4

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Home		Madagades lists 20, 4000
About Us		Wednesday, July 28, 1999
Schedule Appointments	Tell U	s About Yourself
Tell Us About Yourself	Last Name	
Have You Ever Had?	First Name & MI	
Medical Backround	Street Address	
Change A Radiologist	Apt No./Floor	
Change	City/State/Zip	
Appointment Time	Day Phone #	
Enter Payment Information	Night Phone #	
	Age	
777777	Occupation	
7777777	Handedness	LEFT HANDED RIGHT HANDED MANBIDEXTROUS
2777777	How far are you	willing to travel? (miles)
id You Know?		7777777 7777777

FIG. 6A

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brainsea ************************************		.COM	
Home		Wednesday,	Lik 28 1000
About Us		Wednesday, S	uly 20, 1999
Schedule Appointments	}	Have You Ever Had	.?
Tell Us About	Yes	Please answer the following questions:	No
Yourself Have You Ever	0	Brain Surgery	0
Had?	0	Head or Eye Injury	0
Medical Backround	0	Cardiac Pacemaker	0
Change A	0	Cardiac Defibrillator	0
Radiologist	0	Previous Cardiac Pacemakers Removed	0
 Change Appointment 	0	Implanted Drug Diffusion Device	0
Time	0	Bone Growth Stimulator	0
 Enter Payment Information 	0	Neurostimulator (Tens-Unit)	0
momadon	0	Any Type of Biostimulator	0
7777777	0	Hearing Aid	0
7777777	0	Metal in Eye	0
7777777	0	Cochlear Implant	0
	0	Nitroglycerin Patch	0
Did You Know?	0	Any Device Implanted in Your Body	0
There are 100,000	0	Metallic Implants (e.g. Hip or Knee Replacement Surgery)	0
brain tumors in the US every year.	0	Severe Anxiety Attacks	0
, ,	0	Any Dental Item Held In Place By A Magnet	0
		???????	???????

FIG. 6B

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brainsca	INS.COM				
Home					
About Us	Wednesday, July 28, 1999				
Schedule Appointments	Medical Background				
Tell Us About Yourself	Are you claustrophobic? O Yes O No				
Have You Ever Had?	Do you have symptoms now? O Yes O No				
Medical Backround	If yes, please select from the list below:				
 Change A Radiologist 	Syptoms:				
Change Appointment Time	MEMORY LOSS HEADACHES LOSS OF VISION				
 Enter Payment Information 	DOUBLE VISION FACE NUMBNESS HEARING LOSS VERTIGO				
7777777	SWALLOWING DIFFICULTIES WEAKNESS OF ARM OR LEG				
222222	LOSS OF CONCIOUSNESS SEIZURES				
7777777					
Did You Know? The yearly Incidence of brain tumors is ??????????????????????????????????	Other: (please type in box below) Are you on any medications? O Yes O No				
	If yes, please list them below:				
	Do you have a regular physician? O Yes O No				
	If yes, please tell us about him/her:				
	Last Name				
	First Name				
	Street Address				
	Apt/Suite No.				
	City/State/Zip				
	L				

FIG. 6C

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Home
About Us
Schedule Appointments

Wednesday, July 28, 1999

Choose a Participating Radiologist

We have found 1 radiologist(s) within appx.80 miles of you.

MRI Center 300 Park Avenue New York, N.Y. 10005 Phone: 212-888-0033

 Tell Us About Yourself

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- Have You Ever Had...?
- Medical
 Backround
- Change A Radiologist
- Change Appointment Time
- Enter Payment Information

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777777
7?7777

Did You Know?

FIG. 6D